

## HISTORY FACILITY PROFILE

OREM NURSING & REHABILITATION PROVIDER #: 465104 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 575 EAST 1400 SOUTH PHONE NUMBER: (801) 225-4741 TOTAL: 120  
 OREM UT 84058 PARTICIPATION DATE: 09/04/1986 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/10/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 120			
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TOTAL:	75	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	12	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	48			28		92	
OTHER:	15						

## CURRENT SURVEY REVISIT DATES - 11/18/2002

PRIOR 3 SURVEY 11/1999	S/S CODE	PRIOR 2 SURVEY 09/2000	S/S CODE	PRIOR 1 SURVEY 12/2001	S/S CODE	CURRENT SURVEY 10/10/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	D						REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X	D						REQ F0241-DIGNITY
X	B					X C	D	11/15/2002	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	E	X	E						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	E						REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
		X	B						REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
		X	E	X	E				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	D						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	D	X	E	X C	D	11/15/2002	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	E								REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	D								REQ F0406-FACILITY PROVIDES SPECIALIZED REHAB SERVICES
X	G								REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	G								REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
						X C	E	11/15/2002	REQ F0494-NURSE AIDE TRAINING/COMPETENCY
X	E	X	D						REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

## EDITION OF LSC APPLIED

PRIOR 3 SURVEY 08/1999	PRIOR 2 SURVEY 09/2000	PRIOR 1 SURVEY 12/2001	85 EXIST CURRENT SURVEY 10/09/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X	X	X N		K0025-SMOKE PARTITION CONSTRUCTION
	X		X C	11/07/2002	K0038-EXIT ACCESS
	X	X			K0050-FIRE DRILLS
			X N		K0056-AUTOMATIC SPRINKLER SYSTEM
X	X	X	X C	11/07/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
X			X C	11/07/2002	K0069-COOKING EQUIPMENT
			X C	11/07/2002	K0072-FURNISHING AND DECORATIONS
		X			K0076-MEDICAL GAS SYSTEM
X	X	X	X C	11/07/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	3	2	9	7
HEALTH TOTAL	3	2	9	7
LIFE SAFETY CODE	7	5	5	3
LIFE SAFETY CODE + HEALTH	10	7	14	10

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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03/20/2001	UNSUBSTANTIATED
05/02/2001	SUBSTANTIATED
12/11/2001	UNSUBSTANTIATED
10/10/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT